KENTUCKY IRP WEB APPLICATION FORM

S DOT#:	IRP NUMBER:
DDRESS:	
ITY:	STATE: ZIP CODE:
HONE #:	FAX #:
MAIL ADDRESS:	
ONTACT PERSON:	
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PIN#: AIL TO: Division of Motor Carri r fax to (502) 564-2950. Please do	CD Requested ☐ lers IRP Branch PO Box 2323 Frankfort, KY 40602-23 not fax if you intend to sign up for ACH debit.
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This authority is to remain in full force and effect until The Commonwealth and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Commonwealth and DEPOSITORY a reasonable opportunity to act on it.

Please include a voided check with the completed form.

Filing your return over the web (at work or at home) eliminates the need for you to fill out a check and mail it to us. It eliminates the need for us to process your bill and prepare a deposit slip for our bank. Finally, it eliminates the need for either of our banks to process your check. Your bank statement will actually show that the amount deducted was transferred to The Commonwealth of Kentucky and was for your IRP bill.

Any changes to the PIN# you selected or bank account number must be done in writing and will not be accessible through our normal call in procedures.